



**City of Boston
Office of the City Clerk
Room 601, Boston City Hall,
Boston, Massachusetts 02201
(617) 635-4601**

Statement of Domestic Partnership

We, _____, _____, _____
last name first name initial
date of birth: ____/____/____

and, _____, _____, _____
last name first name initial
date of birth: ____/____/____

declare that:

- We share basic living expenses;
- We assume responsibility for each other's welfare and for the welfare of any dependents listed below;
- We are at least eighteen (18) years of age;
- We are competent to enter into a contract;
- We are each other's sole domestic partner;
- We are not married to anyone, nor related to each other by blood closer than would bar marriage in the Commonwealth of Massachusetts; and
- We shall notify the Office of the City Clerk of any changes in the status of our domestic partnership.

We became each other's domestic partner on ____/____/____.
Our domestic partnership is a family, which includes the following dependents.

I declare under the pains and penalties of perjury that to the best of my knowledge the foregoing statements are true and accurate.

Signed: _____
Print Name: _____
Date: ____/____/____

Signed: _____
Print Name: _____
Date: ____/____/____